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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None F.P.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None F.P.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials F.P.		

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## TITLE

Multi-slice flat panel computed tomography

FILING FEE  RECEIVED 1956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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